

09-22-88

SHIPPER 18952

Department of Health Services
Toxic Substances Control Unit
Sacramento, California

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.
CAC 000 117 349

Manifest
Document No.

2. Page 1
of 1

Information in this manifest
is not required by Federal law

3. Generator's Name and Mailing Address

BROADWAY STORES
145 S. CENTRAL AVE., GLENDALE, CA 91204

4. Generator's Phone (213) 227-2030

5. Transporter 1 Company Name

OMEGA RECOVERY SERVICES

6. US EPA ID Number
CAD 042 245 001

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES
12504 E. WHITTIER BLVD
WHITTIER, CA 90602

10. US EPA ID Number

CAD 042 245 001

A. State Manifest Document Number

87119189

B. State Generator's ID

C. State Transporter's ID

904879

D. Transporter's Phone (213) 698-0391

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAD042245001

H. Facility's Phone

(213) 698-0991

11. US DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)

a. WASTE OIL N.O.S FLAMMABLE LIQUID NA 1270

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

005

DM

0101025

G

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Fred V. Longoria

Signature

Fred V. Longoria

Month Day Year

09/27/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Robert J. Birmingham

Signature

Robert J. Birmingham

Month Day Year

09/27/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

FRANK FORD

Signature

Frank Ford

Month Day Year

10/12/88

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY